

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Mail Stop Reissue</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>	Attorney Docket No.	GR 97 P 1865	17513 U.S. PTO 10/726331
	First Named Inventor	Lothar Musiol et al.	
	Original Patent Number	6,525,600 B1	
	Original Patent Issue Date (Month/Day/Year)	February 25, 2003	
	Express Mail Label No.	EL974067485 US	

**APPLICATION FOR REISSUE OF:** ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
*(Check applicable box)*

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. 1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement <i>(PTO/SB/96)</i> 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(If applicable)</i> 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 15. <input type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. Other: <u>Express Mail Certification</u> _____ _____

**18. CORRESPONDENCE ADDRESS**

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Name (Print/Type)	Werner H. Stemer	Registration No. (Attorney/Agent)	34,956
Signature		Date	December 2, 2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
**GR 97 P 1865**

Claims as Filed - Part 1								
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
			Rate	Fee		Rate	Fee	
(A) Total Claims (37 CFR 1.16(j))	(B) 9	**** =	x \$ ____ =		or	x \$ ____ =		
(C) Independent claims (37 CFR 1.16(i))	(D) 2	* =	x \$ ____ =			x \$ ____ =		
Basic Fee (37 CFR 1.16(h))			\$ ____				\$ <u>770.00</u>	
Total Filing Fee			\$ ____			<b>OR</b>	\$ <u>770.00</u>	

Claims as Amended - Part 2								
Total Claims (37 CFR 1.16(j))	(1) Claims Remaining After Amendment	MINUS	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
***			**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$		<b>OR</b>	\$

- \* If the entry in (D) is less than the entry in (C), Write "0" in column 3.
- \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
- \*\*\* After any cancellation of claims.
- \*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
- \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-1099.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing/additional fee is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.

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December 2, 2003

Date

34,956

Registration Number, if applicable

WERNER H. STEMER  
REG. NO. 34,956

  
Signature of Applicant, Attorney or Agent of Record

Werner H. Stemer  
Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Docket No.: GR 97 P 1865

"Express Mail" mailing label number: EL 974067485 US

Date of Deposit: December 2, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

  
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MICHAEL J. BURNS